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o a collection of information unless it displays a valid OMB control number Under the Panerwork Reduction Act of 1995, no nersons are required to reasond to

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Effect	Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/589,600					
FEE TRANSMITTAL For FY 2009  Applicant claims small entity status. See 37 CFR 1,27				Filing Date	05/	05/19/2008			
				First Named Inve	entor Bai	Baisong Li			
				Examiner Name	AN	GLO, LHEIREN MAE ACOSTA			
				Art Unit	283	332			
TOTAL AMOUNT OF PAYMENT (\$) 130				Attorney Docket	No. 291	903-1040	-1040		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify);									
Deposit Account Deposit Account Number: Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
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Ll under 37 CFR 1.16 and 3.17 WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION		********************************							
1. BASIC FILING, SEAF									
		FILING FEES Small Entity		SEARCH FEES EX. Small Entity		MINATION FEES Small Entity			
Application Type			Fee (\$	1 Fee (\$)	Fee (\$)	Fee (\$)	Fees	s Paid (\$)	
Utility	330	165	540	270	220	E10	,		
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85	**********	***************************************	
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0	,		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (s) Fee (s)									
Fee Description E Each claim over 20 (including Reissues)							Fee (\$		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  2							110		
Multiple dependent claims						390	195	195	
Total Claims				Paid (\$) Multiple Deper			ependent	Claims	
- 20 or HP =			±	0.00		Fee (\$)	Fee	Paid (\$)	
HP = highest number of total Indep. Claims	claims paid for, Extra Claims		Foo	Paid (\$)		0.00		0.00	
<del></del>	LAUG CIBITIS			0.00					
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
<u>Total Sheets</u>	Extra Sheet	<u>s Number</u>	of eac	<u>h additional 50 o</u>	r fraction th		_(\$)	Fee Paid (\$)	
Man Profick Consideration \$120 for (no appell antity discount)								Fees Paid (\$)	
Other (e.g., late filling surcharge): Petition for correction of inventor's name								0.00 130	
SUBMITTED BY  Registration No									
ignature (Attorney/Agent) 47,752							Telephone 86-20-37619112		
Name (Print/Type) George D	lin		-			Date No	ovember 2	5, 2009	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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